

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hmo</i>		<i>2/1/00</i>
O.I.P.E. CLASSIFIER	<i>71</i>	<i>1695/16</i>	<i>11/10/99</i>
FORMALITY REVIEW			<i>5/25/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	2/1/00
2	2/12/00
3	2/12/00
4	2/12/00
5	2/12/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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